_	PATENT	*	ctive Octo	ber 1, 2	000	ION RECO	ORD		09/	17	621()5
CLAIMS			FILED - PART I (Column 1) (Column 2)					SMALL ENTITY OTHER THAN				
TOTAL CLAIMS					(V)	A STATE OF THE STA		ATE.	FEE	٦	RATE	FEE
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		C FEE	341	٦	BASIC FE	1
Ţ	OTAL CHARGE	28 m	28 minus 20=		.)		9=	72	_		 	
in	DEPENDENT (\ \ m	minus 3 =		• 7			 	OF		 	
~	ULTIPLE DEPE	NDENT CLAIM I					X4	0=	80	OR	X80=	
-	if the difference	e in column 1 is	loco than a	less than zero, enter "0" in column 2			+13	35=		OR	+270=	
		_						ΓAL	440	OR	TOTAL	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								ENTITY	0.0	OTHER	
MTA	The second second	CLAIMS REMAINING AFTER		HIGHI NUME PREVIO	EST BER	(Column 3) PRESENT EXTRA	RA		ADDI- TIONAL	OR	SMALL	ADDI- TIONAL
AMENDMENT	Total	AMENDMENT		PAID F	OR		<u> </u>	_	FEE		7, 2	FEE
	Independent		Minus	••		=	X\$	9=		OR	X\$18=	
₹	L	NTATION OF M	Minus JETIPLE DEF	PENDENT	CLAIM	=	X40	=		OR	X80=	
The state of the s								5=		OR	+270=	
								TAL			TOTAL	
		(Column 1)		(Colum	n 2)	(Column 3)	ADDIT.	"CE L		, ,	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	THE STATE OF	HIGHE NUMBI PREVIOL PAID FI	ER JSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=	X\$ 9	=		OR	X\$18=	
	Independent	•	Minus	•••		=	X40:				X80=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT C	CLAIM			+		OR		
							+135			OR	+270=	
							TOT ADDIT F			OR ,	TOTAL ODIT, FEE	
	ming har had head	(Column 1) CLAIMS		(Column		(Column 3)						-
AMENDMENT C	लंडी <u>स्</u>	REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R ISLY	PRESENT EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=	X\$ 9:	_		ا ہے	X\$18=	
	Independent	•	Minus	•••		=	<u> </u>			OR		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						X40=	_		OR	X80≈	
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** ADDIT THIS SPACE IS LESS THAN 3, enter "3."								AL		OR	+270=	
	The "Highest Num	mber Previously Paid ber Previously Paid	id For" IN THIS I For" (Total or	S SPACE is I Independen	ess than t) is the l	i 3, enter "3," highest number i					ODIT. FEE	

FORM PTO-87 (Rev. 8/00)

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